

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE ASSISTED CARE LLC (0009308)

Address: 1310 CIRCLE PINE DRIVE, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 05/01/2001

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0097108 **End Date:** 05/11/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010057 Served 05/25/2006

Deficiencies Cited
83.14(7)(b)

Subject Area
CONTINUING EDUCATION

Compliance
Verified

Corrected

Survey ID: 0092985 **End Date:** 07/20/2004 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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